STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobb	_{oyist(s)} James Ko	koszyna		
II. Name of lobb	oyist's partnership, firm (
Allergan	USA, Inc.			
	(Name of partnership, firm of	or corporation)		
c/o 28 Liberty S	Ship Way, Suite 2815	Sausalito	CA	94965
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
415 903-280	0 (41	610-7604	e-mail allergan@p	oliticomlaw.com
(Telepho	one)	(Fax)		
reportable expe	nse transactions which ar	file separate reports for e e not attributable to any	one client).	
☑ All reportable Allergan (the months prior to the rep	orting date relative to the	following client:
	(Full Name of Client	as it appears on the Lobbyist F	Registration Form)	
<u>OR</u>				
All reportable unrelated to any p		st (including the lobbyist's	family), or the lobbying f	irm listed below which are
IV. Date of Repo	•		July 26, 2017	
Reports cover:	activity from date of registra October 25, 2017		ity from 4/1/17 to 6/30/17 January 31, 2018 🗹	
	activity from 7/1/17 to 9		January 31, 2018 🖸 vity from 10/1/17 to 12/31/13	7
If this box is chec Concord, NH 033	ked, complete just this fort	nd no reportable trans n and submit it to the Secre		
	-	nditures, you must file Add	lendum A- Fees and Exp	enses
If you have p Expense Reimbur		bursed expenses, you must	file Addendum B- Repo	ort of Honorariums or
If you, your t	firm, or your family has ma	ade political contributions,	you must file Addendum	C-Political Contribution
have read RSA and complete to t (Signature of tob	he best of my knowledge a	and RSA 664 and hereby s and belief.	wear or affirm that the for $\sqrt{\frac{210}{M}}$	regoing information is true
Jenni a U nger Ske	elton on behalf of James Ko	koszyna ———		
(Print Name of le	obbyist)			RECEIVE

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FEB 0 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE